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Thank you.

QUARTER

- 1 ☐ July-September
 2 ☐ October-December
 3 ☐ January-March
 4 ☐ April-June

**SECTION 5311 QUARTERLY REPORT/TransADE
 FOR
 FINANCIAL ASSISTANCE FOR OTHER THAN URBANIZED AREAS
 FISCAL YEAR_____**

Project Number: MT 18_____

Agency Name:_____

Address:_____

City:_____ Zip:_____ Phone:_____

Contact Person:_____

A. OPERATING DATA:

1. Total number of vehicles in service during this quarter _____
2. Total number of miles accumulated this quarter _____
3. Number of days agency operated vehicles this quarter (Cannot exceed 92 days for a quarter) _____
4. Average number of hours vehicle operated per day _____

B. RIDES PROVIDED (Record each ride in one category only):

<u>Category</u>	Contracted	Non-Contracted
1. 60 yrs. old and over	_____	_____
2. Under 60 yrs. old	_____	_____
3. Disabled	_____	_____
4. TOTAL RIDES FOR QUARTER	_____	_____

C. PERFORMANCE DATA:

1. Average cost per mile (cost ÷ miles) _____
2. Average cost per ride (cost ÷ rides) _____
3. Average number of rides per day (rides ÷ days) _____
4. Average number of rides per mile (rides ÷ miles) _____



D. FINANCIAL DATA (must include all cost associated with entire transportation system)

**Note: Line Items that are reimbursable under TransADE.*

QUARTERLY COSTS:		<u>Section 5311</u>	<u>TransADE</u>
1.	Labor		
a.	*Operators' wages	_____	_____
b.	Other salaries and wages	_____	
2.	Fringe Benefits		
c.	*Fringe benefits distribution	_____	_____
3.	Services		
d.	Professional and technical services	_____	
e.	Advertising fees	_____	
f.	Temporary help	_____	
g.	Vehicle maintenance services (including parts)		
h.	Custodial services	_____	
i.	Other services	_____	
4.	Materials & Supplies Consumed		
j.	*Fuel and lubricants	_____	_____
k.	*Tires and tubes	_____	_____
l.	Office supplies	_____	
m.	Other materials and supplies	_____	
5.	Utilities		
n.	Utilities	_____	
6.	Casualty & Liability Costs		
o.	*Casualty and liability costs	_____	_____
7.	Taxes		
p.	Property tax	_____	
q.	Vehicle licensing and registration fees	_____	
r.	Other taxes	_____	
8.	Purchased Transportation Service		
s.	*Purchased transportation service	_____	_____
9.	Leases and Rentals		
t.	Passenger shelters	_____	
u.	Vehicles	_____	
v.	Facilities	_____	
10.	Miscellaneous Expense		
w.	Dues and subscriptions	_____	
x.	Travel and meetings	_____	
y.	Other miscellaneous expense	_____	
11.	TOTAL OPERATING COSTS	_____	_____



E. SECTION 5311 REIMBURSEMENT CALCULATIONS:

1.	Total Operating Costs	_____
2.	Total Amount of Fares	_____
	Fare charged per one-way ride:	
a.	Elderly = \$	_____
b.	Disabled = \$	_____
c.	General public = \$	_____
d.	Contracted = \$	_____
3.	Net Operating Deficit (Line 1 minus Line 2)	_____
4.	Eligible Section 5311 Earned this Quarter (50% of Line 3)	_____
5.	Total Amount of Section 5311 Grant	_____
6.	Eligible Section 5311 (Line 4)	
	1st Quarter	
	2nd Quarter	
	3rd Quarter	
	4th Quarter	
7.	Total Earned Section 5311 Cumulative Year-to-Date	_____
8.	Balance of Unearned Section 5311 Funds	_____

F. DETERMINING YOUR DBE

1.	Determine the Percent of FTA Section 5311 Funding in Your Total Operating Expenses	
a.	Total operating costs (Line E,1)	_____
b.	Section 5311 funds (Line E,4)	_____
c.	Section 5311 funds are what percentage of total operating expenses (b ÷ a)	_____
2.	Determine Your Total Contracting Opportunities	
a.	Total operating expenses	_____
	Less: Wages	_____
	Utilities	_____
b.	Equals total contracting opportunities	_____
3.	Determine Your Total Contracting Opportunities Subject to DBE	
a.	Total contracting opportunities (Line 2,b)	_____
b.	Multiplied by percent established in No. 1 equals amount of contracting opportunities subject to DBE Goal	_____
	1. 3,b X 10% = DBE Goal	_____
	2. Indicate <u>actual</u> amount spent with a DBE this quarter*	_____

*Summarize expenditures by category (i.e., fuel, office supplies, etc.)



G. TRANSADE GRANT REIMBURSEMENT CALCULATIONS:

(This applies only to agencies that receive TransADE funds.)

1. Total Operating Costs for TransADE _____
2. TransADE Funds Earned this Quarter
(50% of Line 1) _____
3. Total Amount of TransADE Grant _____
4. TransADE Funds Earned Per Quarter: (Line 2)
 1st Quarter _____
 2nd Quarter _____
 3rd Quarter _____
 4th Quarter _____
5. Total Earned TransADE Funds
 Cumulative Year-to-Date (Total of Line 4) _____
6. Balance of Unearned TransADE Funds
(Line 3 – Line 5) _____



ACTIVE MDT GRANT VEHICLE REPORT
(Vehicles in which MDT is a lienholder)

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
1. MT-				

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
2. MT-				

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
3. MT-				

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
4. MT-				

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
5. MT-				

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
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Submit Reports to: MDT – Transit Section
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